

**CANDIDATE OATH
SCHOOL BOARD OFFICE**

Check box **only** if you are seeking to qualify
as a write-in candidate:

☐ Write-in candidate

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OFFICE USE ONLY

Candidate Oath

Name to appear on ballot: Steve Gallon III

Check box if two last names without hyphen. ☐ (Name cannot be changed after qualifying.)

Check box if name includes nickname. ☐ (For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the office of Miami-Dade, School Board, 1;
(Office) (District #)

I am a qualified elector of Miami-Dade County, Florida; I am a qualified elector under
the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no
other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have
resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the
Constitution of the United States and the Constitution of the State of Florida.

Section 876.05, Florida Statutes (only applicable if elected and when term of office begins): I am a citizen of the State of
Florida and of the United States of America, and being employed by or an officer of the court system and a recipient of public
funds as such employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United States
and of the State of Florida.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do _____ NO, I Do Not X

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X Steve Gallon

(305) 308-2424

sgallon305@yahoo.com

Signature of Candidate

Telephone Number

Email Address

771 N.W. 167 Terrace

Miami

Florida

33169

Address of Legal Residence

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

Nelfa Rabagh-Garcia

Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public below:

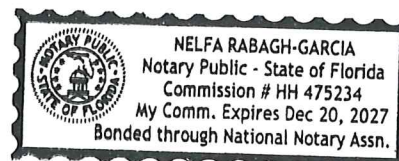
Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐ OR physical presence ☒

this 11th day of June, 2024.

Personally Known ☐ OR Produced Identification ☒

Type of Identification Produced: FL DL



2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/11/2024

General Information

Name: Dr Steve Gallon III

Address: 771 Nw 167th Ter, Miami, FL 33169

PID 73817

County: Miami-Dade

AGENCY INFORMATION

Organization	Suborganization	Title
Miami-Dade County Public Schools	Elected Constitutional Officer	Board Member

CANDIDATE FOR

Position	Agency Name	Position sought or held
District School Board	Miami-Dade County Public Schools	District 1 School Board Member

Net Worth

My Net Worth as of December 31, 2023 was \$ 2,923,221.00.

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2023 Form 6 - Full and Public Disclosure of Financial Interests

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Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 232,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
1695 Radan West, Lithonia, Ga. 30058	\$ 288,000.00
771 NW 167th Terrace, Miami, Fl. 33169	\$ 552,000.00
1012 NW 74th Street, Miami, Fl. 33150	\$ 440,000.00
1977 Glen Echo Drive, Decatur, Ga. 30038	\$ 355,000.00
5984 Duren Meadows Drive, Lithonia, Ga. 30058	\$ 380,000.00
Savings/Investments	\$ 130,000.00
Automobiles/Vehicles/Jewelry/Furnishings	\$ 160,000.00
Equitable Accumulator	\$ 229,408.00
Equitable Capital Strategies	\$ 87,577.00
Equitable Accumulator 2	\$ 72,970.00
Mission Square 457B	\$ 75,041.00
Fidelity Brinker Capital	\$ 88,573.00
Equitable VUL Cash	\$ 50,312.00
Equitable Incentive Cash	\$ 40,340.00
Florida Retirement Investment Fund	\$ 48,000.00

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Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Wells Fargo	PO Box 10335, Des Moines, IA 50306	\$ 80,000.00
Chase Bank	PO Box 36250, Louisville, KY 40233	\$ 55,000.00
Specialized Loan Servicing	PO Box 363007, Littleton, CO 80163	\$ 82,000.00
Select Portfolio Services	PO Box 65250, Salt Lake City, UT 84165	\$ 89,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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2023 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 06/11/2024

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2023 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

☐ I elect to file a copy of my 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Tri-Star Leadership	771 NW 167th Terrace, Miami, FL 33169	\$ 75,000.00
Miami-Dade County Public Schools	1450 NE 2nd Ave, Miami, FL 33132	\$ 53,406.00
St. Thomas University	16401 NW 37th Ave., Miami, FL 33054	\$ 3,100.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Interests in Specified Businesses

Business Entity # 1
N/A

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Training

This section applies only to a Constitutional or elected municipal officer, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form6 and that the facts stated in it are true.

Steve Gallon III

Digitally signed: 06/11/2024

Filed with COE: 06/11/2024

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